SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NU	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	) Á	17
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) FRIENDS OF ROSA DELAURO	,,		
Full Name (Last, First, Middle Initial)  A. Democratic State Central Committee			Transaction ID: 60705.E7701 Date of Disbursement
Mailing Address 179 Allyn Street Suite 301			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} $
City Hartford	State Zip Code CT 06103-		Amount of Each Disbursement this Period
Purpose of Disbursement EXCESS FEDERAL CAMPAIGN FUNDS Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disbur Senate President State: District:	rsement For: 2006 Primary X General Other (specify)	Type	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial)  B. Jill Derby For Congress			Transaction ID: 60705.E7767 Date of Disbursement
Mailing Address 1298 Kingsbury Grade			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 6 \\ 0 & 2 & 6 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 6 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$
City Gardnerville	State         Zip Code           NV         89460-7714		Amount of Each Disbursement this Period
Purpose of Disbursement DONATION Candidate Name JILL T DERBY		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
2 22	rsement For: 2006  X Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  Friends of Tammy Duckworth			Transaction ID: 60705.E7768 Date of Disbursement
Mailing Address 416 W 22nd St			$ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 6 \\ 0 & 2 & 6 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $
City Lombard	State Zip Code IL 60148-4807		Amount of Each Disbursement this Period
Purpose of Disbursement DONATION Candidate Name Category/		Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought:  Senate President State:  Disbur	rsement For: 2006 Primary X General Other (specify)	Туре	11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optiona	(II)	•	7000.00
TOTAL This Period (last page this line number on	•		